

WIC Futures Study Group

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Holiday Inn Downtown, Helena, MT

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Introduction

In response to financial, structural, and operational challenges within the Montana Women, Infants, and Children (WIC) nutritional program, the WIC Futures Study Group met to discuss the WIC service delivery system. The goal of the Study Group is to develop a statewide delivery system to provide effective, efficient, and high quality services to the greatest number of participants possible.

The meeting was held on Wednesday, August 15, 2012. The following is a report of the meeting activities.

Participants included:

Mary Beth Frideres	MPCA	Terri Hocking	Butte HD
Joan Bowsher	DPHHS/WIC	Debbie Hedrick*	RiverStone Health
Carrie Reynolds	DPHHS/WIC	Gayle Espeseth (o)*	RiverStone Health
Mark Walker	DPHHS/WIC	Shawn Hinz (o) *	RiverStone Health
Dorota Carpenedo	DPHHS	Jill Steele (o)	Gallatin HD
Lisa Lee (o)	DPHHS No Kid Hungry	Darcy Hunter (o)	Gallatin HD
Leah Steinle	DPHHS	Kathleen Jensen*	Sheridan County HD
Bill Hodges	Big Horn County HD	Jeannie Siefert*	Dawson County HD
Lora Weir	Teton County HD	Barb Skoyen (o)	Gros Ventre/Assiniboine Tribes, Fort Belknap
Mandy Zanto (o)	Lewis and Clark HD		
Karen Dwyer*(o)	Sanders County HD		
Jessie Sheava (o)	DPHHS Americorps		
Heidi Nielson*	Deer Lodge HD		
Melenie Duval (o)	Gallatin HD		

(o) = observer
* = on the phone

The meeting was facilitated by Mary Beth Frideres of the Montana Primary Care Association.

Opening Comments

Opening comments were made by Joan Bowsher, DPHHS WIC Director. Joan thanked the participants for coming. After introductions and a review of the agenda, Joan asked Lisa Lee to provide an update on the “No Kid Hungry” project.

“No Kid Hungry”

Lisa Lee, director of the “No Kid Hungry” project told the group that a community survey will be conducted in 25 communities across the state. The survey will contain questions about hunger and will take 4 months to complete.

It is hoped that the survey will provide information that will help communities develop initiatives to address hunger. WIC directors should expect to be contacted; the contractor conducting the survey is “Public Knowledge.” Reports on the effort will be in the WIC Newsletter.

Lora asked for some more background about the project. The program is a public/private partnership with “Share Our Strength” which has set a goal of ending child hunger by 2015. The effort in Montana involves targeting existing state programs like WIC, SNAP, Child and the Adult Care Food Program (school and afterschool meal program), and coordinating efforts to maximize participation and identify barriers and strategies to get people in for services. Efforts to link state food assistance programs continue. The group plans to hold a “Hunger Summit” in 2013.

The project is starting “Shopping Matters” where grocery shopping tours will be conducted through three local WIC agencies. WIC staff will teach clients how to shop on a tight budget and how to choose healthy food. This effort is funded through mini grants to the local agencies.

Conference Call with the Regional WIC Director

Sarah-Smith Holmes, Regional WIC Director joined the group by conference call. Sarah said the Regional Office was busy reviewing State Plans for FY 2013 and discussing re-allocation of a small amount of left over funds. They find themselves, with others, very unsure of the future of WIC funding. The federal 2013 budget is being addressed with a Continuing Resolution which will most likely be the case until June of 2013.

They just came from a conference on WIC Program Integrity where issues like “how SNAP and WIC can work better together to address the integrity of federal dollars” were discussed. Lora Weir asked if the conference addressed actions that would maintain funding or expand funding. Ms. Holmes responded that they were really looking to make sure that there is no fraud at the local level in the WIC program and especially at the vendor/client level. Some prices that vendors have charged to the WIC clients have been “astronomical” (like having a WIC store within a store). Clients have also sold WIC formula online. All involved want to assure program integrity as they move forward. The experience of utilizing electronic data in SNAP can help administrators understand how to use data in the WIC program to identify potential integrity issues.

Joan asked Ms. Holmes and her group, “What can we expect for 2013?” Sarah replied that they are not seeing any turn back of funds – funds that have been allocated are being spent. The big question is how will potential sequestration – the fallback strategy for deficit reduction that went into effect when the bipartisan Congressional effort failed – harm the WIC program? Sequestration could result in 8-10% across the board cuts to discretionary programs including WIC, taking effect in January of 2013. It does not affect entitlement programs like SNAP. There will not be another re-allocation of WIC funds this fiscal year.

Joan asked, “If we get a normal amount of funding, will there be any specific priorities for the coming year?” Caseload maintenance is the #1 priority and #2 is the updating of electronic data systems was the reply. Joan asked, “Where do you see EBT in relation to the priorities?” She was told that there may not be funding to mandate implementation of EBT.

Mandy asked, “What about Peer Breastfeeding Counselor funding?” The group was told that would also depend on FY2013 funding. Joan asked if the state should obligate more funding than what they currently have for Peer Breastfeeding Counselor activities. Sarah said that the final 2013 federal budget will not be set until the summer of

2013, so that strategy is questionable. Joan asked when the state will hear about the re-allocation request that they just submitted and was told that she will hear in a few weeks, but the funds will not be much.

There were no other questions from those present or on the phone for the Regional Office representatives.

After the conference call ended, Bill said that his County Commissioners do not believe that the funding issues are that serious. He asked for something official, in writing, which would help him convince them. Lora told the group that several advocacy groups had developed talking points about the situation. Bill said that the County Commissioners tell him that he just wants more money. He said he needs a letter about the seriousness of the situation. Jeannie Siefert said that Bill has a good point. Some of the Public Health departments are not aware. She suggested that perhaps Jane Smiley could send out information.

Several people expressed concern about not knowing what their WIC allocation will be. Joan said this is a very difficult time to make predications – they do not know how much money they will have. Joan thinks WIC will be cut but how much? The request for funds to support Peer Breastfeeding Counselors was not included in the House version of the FY 2013 budget. Jeannie said that decision delays are forcing WIC administrators to spend money without careful consideration.

Update on Outreach Campaign

Dorota gave a report on the effectiveness of the WIC Media Campaign in 2009-2010. There was no increase in participation overall, but they may find pockets of increased participation at specific times or locations after the detailed data is reviewed. If that is the case, it may lead to identification of effective methods. They may have a better idea in another month.

Other activities -

1. They are reviewing data from the clinic systems, trying to link TANF and Medicaid participants with WIC participation. Who is participating in TANF and Medicaid and SNAP but not using WIC? They will send a card to those people and ask why. In January of 2013, they may have some answers.
2. They are reviewing data from the WIC system to identify who is leaving WIC early. They will ask these clients why they left the program and report the results.
3. Current participants will also be asked what they like about WIC, what they don't like, and also some questions about the certification process will be posed.

In response to questions, Dorota told the group that the clients will be selected using the WIC database and that she and her supervisor in the Epidemiology and Scientific Support section of DPHHS would work with the WIC staff to gather and analyze the data. She said that they are considering several survey methods.

Group members expressed appreciation and support for these efforts.

WIC Program Update

Leah reported that a couple of local agencies are providing RD consulting services via phone or iPad. More staff and clients are using WICHealth.org where educational sessions can be accessed a times convenient for the client. Leah reported on new WIC staff – Noel Uncles, administrative assistant; Glade Ross will handle the contract side of the vendor group; and Arlene Stulk, help desk support, Chris Fogelman is the only RD right now but the state has contracted with Missoula for RD consulting services while another RD is hired and trained. Also – all current agencies retained their WIC contract through the RFP process.

The state staff has decided that in monitoring WIC clinic performance, they will forgive one instance per finding (e.g. no proof of income in one chart), citing that we are all human and we make mistakes.

Review of 2013 WIC State Plan

Carrie reviewed some of the highlights of the 2013 WIC State Plan which ended up being over 1,000 pages long. The state WIC staff has completely revamped the state plan document and it is to be used as a guidebook and policy resource for WIC agency staff. The chapter titles have been changed so that policies should be easier and quicker to find. Chapter Five, the chapter which outlines eligibility policy required much thought and organization. Changes to the proof of ID and residency policy are: pay stubs may be used for ID, proof of residency, and income, other acceptable proof of residency includes bank statements, credit card bills, or third party verifier. OPI mail cannot be used.

The changes will go into effect October 1, 2012. The plan changes will be reviewed at the WIC fall training.

Discussion Regarding WIC Study Group Membership

Joan reviewed the history of the WIC Study Group and why membership was set up the way it was. One of the purposes of the Study Group was to address communication issues – the directors of agencies didn't know what was going on. To be a voting member, you must be a Lead Local Public Health Director or the Director of the Agency with a WIC Contract and has an understanding of WIC. There is representation from frontier, small, medium, and large programs and representation from the programs contracted outside public health departments. "Up until now, we haven't let someone come in your place, or carry your vote," Joan said. We do allow observers, however.

Members of the group considered the following issues:

1. Proxie assignment
2. Statewide, program-wide representation
3. Unexcused absences
4. A panel or representation from front line clinic staff

The following decisions were made with group consensus:

1. Keep the current structure but encourage a representative from the reservation programs.
2. Allow telephone call-in but members must be present at two face to face meetings/year.
3. Members should resign if not committed to the group.
4. If a person misses two meetings, they will be asked to resign and another member will be recruited.
5. Establish a year's calendar of meetings.
6. One face to face meeting will be somewhere other than Helena.
7. Observers and front line input will be allowed – they can call in.
8. A definition of a proxy will be developed by WIC staff for review at the next meeting.
9. Proxy can only be used once per year.

One person suggested that a meeting should be held on a reservation to encourage participation and representation. Barb volunteered to host one of the meetings.

Clinical Program Quality Improvement

The group discussed what a QI program would look like. They talked about the data they are entering into the WIC SPIRIT system and what could be done with the data. They defined Quality as: Are we making a difference for the people we are serving?

The group thought through the structure of WIC and considered where quality indicators could be applied. The sorting looked like this:

Local Administration:

Indirect service:

- Local clinic program
- Internal policies
- Staffing

Direct Service:

- Vendor
- Participants
- Certification process

Administration State Level

- Staffing levels
- Funding
- Are the rules being followed?

The group discussed goals – what is the outcome you want? Healthy People 2020 goals were suggested as a place to start.

The group discussed measures and, along with suggestions from WIC staff, came up with this list of potential measures to follow:

- No show rate
 - o Participants get all benefits during a cert period
- Growth measurements
- Lowering of BMI by education
- 3-5 year olds with improved BMI
 - o Growth measurements
- Pregnancy outcomes
 - o Low birth weight babies
 - o Number of pregnant women who enter WIC in each trimester (measures outreach)
- Breastfeeding Peer Counselor Program leads to higher breastfeeding rates?
- Effectiveness of education to change breastfeeding rates?
- Participant satisfaction/quality survey
- Anemia rates
- Smoking during and after pregnancy

The final component would be evaluation of interventions: What will we do differently to improve outcomes?

As time for discussion grew short, the group asked the state staff to review Healthy People 2020 goals for the next meeting. Everyone is going to consider which three indicators should be measured and bring their recommendations back to the group.

Public Comment

There was no public comment.

Evaluation (+/△)

In regard to what the group members liked about the meeting, the following comments were gathered:

- Like the visual sticky wall thing and appreciate Mary Beth
- Like having it at the same location – don't have to think about it
- This spurs the imagination – how to do things better. Face to face is good.
- Liked being able to join via conference call, WebEx was great
- Appreciate being able to connect by phone and the forward progress
- Like working on QI and being on the phone
- Like scheduling ahead idea

As to what can be improved, the following comment was offered:

- Too bad there was phone trouble

The next meeting will be held Tuesday, October 23rd in Bozeman.